

A scenic landscape of a mountain lake with a white mountain silhouette overlay. The lake reflects the surrounding green forested mountains and the clear blue sky. The text is centered over the image.

Health Disparities Grant Program (HDGP)

Request for Applications (RFA) #8473 Orientation

Wednesday, September 27, 2017

Please call 1-877-820-7831, passcode 178610#
To reduce background noise, please mute your phone.



COLORADO
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Objectives

This webinar will cover an overview of RFA #8473 and the application process.

Discussion Points:

- Overview of the Colorado Amendment 35 (A35) Health Disparities Grant Program (HDGP).
- Funding opportunity goals and purpose.
- Project components and how to apply.
- Schedule of activities.

Review the RFA thoroughly and refer to it as you complete your application. Applicants are responsible for monitoring the publication of modifications to this solicitation on the HDGP Funding Opportunities web page:

<https://www.Colorado.gov/pacific/cdphe/hdgp-funding-opportunities>

If at any point during the webinar you have questions, please type them into your chat box. We will respond to questions during the webinar if we are able. All other responses will be posted on the HDGP Funding Opportunities webpage.

What is the Health Disparities Grant Program?



By Amendment 35 statute, the HDGP is a competitive grant program for prevention, early detection and treatment of cancer, cardiovascular disease and chronic pulmonary disease in underrepresented populations in Colorado.

Vulnerable populations are identified by race, ethnicity, sexual orientation, gender identity, disability status, aging populations, geographic area and socioeconomic status, among others.

The HDGP is a program of the Office of Health Equity (OHE) within the Colorado Department of Public Health and Environment (CDPHE).

A 15-member Health Equity Commission serves as an advisor to the OHE and will appoint a review committee to review the applications received. The review committee will make recommendations to the commission regarding the entities that may receive grants and the amounts.

The Colorado Board of Health has the final authority to approve grant awards.



Background & Strategic Framework



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Background



Why? Why the need to transform the HDGP?

How? OHE conducted interviews with community organizations and government agencies in both rural and urban areas of Colorado to gather input on the development of the new direction.

CDPHE statement on inequities. CDPHE acknowledges that generations-long social, economic and environmental inequities result in poorer health. They affect communities differently and have a greater influence on health than either individual choices or a person's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.



Background cont.



To ensure all Coloradans have an equal opportunity to live in thriving communities, the OHE realizes we need to look at factors that affect where we are born, grow, live, learn, work and play.

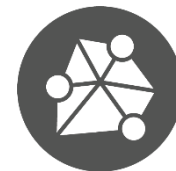
This includes social and economic factors that go beyond the realm of the health sector and are a result of unequal allocation of power and resources, such as unequal education, employment, social support, community safety, housing, transportation and environmental conditions.

These are “upstream determinants” because they begin to have a negative impact on a person’s health long before the person is diagnosed with a disease.

By funding programs, policies and practices that address these upstream determinants, we can influence healthy social, economic and environmental conditions that have a sustainable impact.



Strategic Framework



HDGP seeks to fund lead agencies with existing multisectoral partnerships to work on systems and policy changes that address upstream determinants of health.

Since these determinants include all sectors and require them to work closely together to address contributors to health, the partnership must include multisector collaborations.

Sectors may include social and economic factors such as education, employment, social support, community safety, housing, transportation and environmental conditions.

The project must begin the process for making, or implementing approaches that make, changes to public and organizational practices, rules, laws and regulatory changes that affect how systems operate and influence people's health.



Funding Period & Availability

Three-year grant period:

Year 1 (FY19):
July 1, 2018 – June 30, 2019
(initial contract)

Year 2 (FY20):
July 1, 2019 – June 30, 2020
(contract renewal)

Year 3 (FY21):
July 1, 2020 – June 30, 2021
(contract renewal)



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Funding Period & Availability



Timeframe: 3-year grant cycle (FY19-21: July 1, 2018 – June 30, 2021).

- Year 1 (FY19): 7/1/18 – 6/30/19 (initial contract).
- Year 2 (FY20): 7/1/19 – 6/30/20 (contract renewal).
- Year 3 (FY21): 7/1/20 – 6/30/21 (contract renewal).

Budget: \$9.6 million (estimating \$3.2 million each year).

Awards: Between \$150,000 - \$250,000/year.

The award is a cost reimbursable grant. Organizations must be financially able to fund expenses up front and then request reimbursement.



Who may apply?



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Eligibility



- Organizations must be based in Colorado.
- Any nonprofit organization, health care organization, governmental entity, or educational institution.
- Any federally recognized Native American tribes in Colorado, or a nonprofit organization that provides services to eligible tribes on a reservation or federally recognized Tribal land with a letter of support from the applicable Tribal Council.

Eligible organizations may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity/expression, age or national origin in their staffing policies, use of volunteers or provision of services.





PROJECT REQUIREMENTS and COMPONENTS





1

Issue



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ISSUE



- Identify the issue to be addressed.
- Explain how the issue was determined, the steps taken to involve the affected community and how it was determined with the affected population that change is possible.
- Provide evidence that the goals of this project are relevant and a priority for the affected community.





2

Affected Population



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AFFECTED POPULATION



- Describe the affected population that the proposed project plans to engage/reach. This project must engage or be led by low-income earners, people of color, people with disabilities, immigrants and refugees, disenfranchised youth, LGBTQ individuals and people from rural communities.
- Tell us the characteristics and demographics of the community including: age, race/ethnicity, income, gender, sexual orientation, etc.
- Explain the disparities that exist for the affected population and how you know this to be true. Applicants may submit quantitative (numerical) or qualitative (stories,/narrative from the affected community) information.





3

Geographic Area

GEOGRAPHIC AREA



- Define the service area/region and explain why this area was selected.
- The geographic area could be one county, several defined counties, a portion of a county, a region of the state, a region of a particular city (i.e., a neighborhood), etc.



4

Lead Agency



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Lead Agency Characteristics



The lead agency will apply for funding through this RFA.

- Responsibility for overall program implementation, fiscal oversight and reporting.
- Has fiscal capacity and infrastructure to make subawards to partner agencies.
- Able to demonstrate the ability to manage programs.
- Able to adhere to the attributes of a strong fiscal applicant. (See Appendix A.)
- Involved in an existing partnership with agencies from differing sectors and will continue to partner with those agencies on this project.
- Able to guide the development of a common vision, goals and strategy among partnering agencies.
- Able to serve as the convener; ensure collaborative leadership so all voices have equal power; facilitate conflict resolution and problem solving; maintain a culture of collaboration; and ensure transparency of goals, activities and outcomes.
- Ensure the authentic engagement of community agencies and residents on this project.



Appendix A: Attributes of a Strong Fiscal Applicant



- Government Contracts Experience.
- Organizational Stability.
- Financial Infrastructure.
- Internal Controls.
- Experienced Leadership.
- Indirect Cost Knowledge.
- Able to participate in monitoring as requested by CDPHE which includes an on site review, a desk review and an invoice review.



Lead Agency Narrative



- Describe the organization's ability to complete the project (program management) as well as its capacity to comply with and monitor grant requirements (fiscal compliance).
- Describe the organization's experience relevant to the project (i.e., history and experience working with the affected population, implementing similar strategies, etc).
- Describe the role of the lead agency in this project, including how it will guide the development of common vision, goals and strategy; coordinate and support the implementation of aligned activities; manage the budget; facilitate conflict resolution and problem solving; ensure transparency of activities and outcomes; and ensure collaborative leadership so all voices have equal power.





5

Existing Multisector Partnership



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Existing Multisector Partnership Characteristics



- The project must be completed by an established community partnership comprising agencies from different sectors.
- Partnering agencies will subcontract on this project to receive funding from the lead agency and will commit to helping advance the goals of the proposed initiative.
- One of the partner agencies must be located in the identified geographic area and providing a majority of its services to the identified affected population.
- Examples of partners may include: city/county government, law enforcement, behavioral health, housing agencies, food systems, employers/businesses, schools/educational institutions, parks and recreation, transportation, land use planning, etc.
- Examples of sectors may include social and economic factors such as: education, employment, community safety, housing, transportation, environmental conditions, etc.



Existing Multisector Partnership Narrative



- Demonstrate at least one of the partnering agencies is located within the identified geographic area and provides the majority of its services to the affected population.
- Provide the list of partners and include the following:
 - Sector.
 - Relevant expertise.
 - Role they will each play.
 - Description of their constituents.

Example of a table to create to identify the partners on this project:

Partner/ Organization	Sector	Relevant Expertise	Role on the Project	Located within Geographic Area ✓	Provides a Majority of Services to Affected Population ✓

A photograph of a concrete structure, possibly a bridge or a large wall, with numerous steel reinforcement bars (rebar) protruding from its surface. The rebar is arranged in a grid-like pattern, and the concrete is a light gray color. The background is a sandy, brownish ground.

6

Infrastructure

Infrastructure



- Describe the infrastructure that exists to manage this project. Include the history of the partnership between the lead agency and the collaborating agencies.
- Identify how long the partners have worked together and describe successful projects the partnering group has engaged in.
- Explain how this project builds on existing project collaborations.
- Indicate the percentage of funds each partner organization will receive and explain the process that was used to determine funding levels for each.





7

Letters of Collaboration



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Letters of Collaboration



Submit letters of collaboration from all partners for the proposed project to demonstrate there is trust between agencies and there is collaborative leadership.

Each letter must be written in the agency's words, signed by someone with decision-making authority, and contain the following:

- The history of the partnership with the lead agency and outcomes to demonstrate trust built between agencies.
- The role the partner agency will play in the overall initiative and a summary of the activities the partner agency will complete.
- Demonstration that collaborative leadership exists or will exist on this project.
- The percentage of funds the partner agency will receive per year.



A photograph of the Colorado State Capitol building, featuring a prominent golden dome and classical architectural details. An American flag flies on a tall pole to the left of the building. The scene is set against a clear blue sky, with bare tree branches visible in the upper corners and evergreen trees in the foreground.

8

System or Policy Change(s)



SYSTEM OR POLICY CHANGE(S)

- Identify the system or policy to be changed.
- Describe how the issue will be addressed by that system or policy change.
- Describe how partners will work together to change the system or policy.
- See page 12 in the RFA for examples of system or policy changes.





9

Theory of Change



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Theory of Change



What is the outcome you expect?

What are the conditions that must be in place to achieve that outcome?

- Identify the change goals for the three-year grant cycle.
- Explain why the project design was selected.
- Will the project take a “Two-generation Approach?”
- What would make this project fail and what preventive steps would be put in place?
- Explain the potential for the project’s impact on health equity in the identified geographic area and how the system or policy changes will impact health outcomes for multiple generations.





10

Upstream Determinants of Health



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Upstream Determinants of Health

Upstream determinants of health include social and economic factors such as education, employment, social support, community safety, housing, transportation, food security and environmental conditions.

- Identify no more than two upstream determinants of health that will be addressed by this project.
- Explain why these determinant(s) were selected.
- Explain how the identified social and environmental conditions put people/communities who are already disadvantaged at increased risk for health inequities.
- What are the concrete steps of this project that will address the identified upstream determinant(s) of health?





11

Authentic Community Engagement

Authentic Community Engagement



- Describe your experience with community engagement and your capacity to continue that work on this project.
- Explain how the affected population will be engaged and/or lead portions of this project and how this initiative will build that capacity and voice of those affected.
- What is your plan to adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS)?





12

Project Evaluation



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Project Evaluation

Provide a description of the process and expected outcomes for evaluation. Note that 10% of your budget should support time and resources for your evaluation activities.

- A summary of the evaluation plan and activities proposed including timelines; tools and approaches used; and staff responsible for collecting, analyzing and evaluating the data.
- How the results achieved by the project will contribute to the goals of the HDGP.
- A description of the types of measures or indicators that may be used to evaluate the project.
- A description of how the results of the evaluation will be used, disseminated and communicated, including back to the affected community.
- How the grantee will address cultural competence or cultural humility.



13

Outline of Activities for Years 1-3



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Outline of Activities for Years 1-3

- Submit a brief summary of the proposed work for each of the three years of the grant cycle that demonstrates the progress of your project for year.
- What are the objectives for each year?
- Identify the major activities to be completed to meet those objectives.





Application Components



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Attachment A: CDPHE RFA Cover Sheet and Signature Page



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Attachment A

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090
www.colorado.gov/cdphe



Colorado Department
of Public Health
and Environment

REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE

Date: 9/20/2017 **RFA Number:** 8473
Submit Sealed Applications to: Colorado Department of Public Health & Environment
CDPHE Contact: cdphe_healthequity@state.co.us
Health Disparities Grant Program
4300 Cherry Creek Drive South
Denver, CO 80246
RFA Submission Deadline: 11/29/2017
5:00 p.m. (Mountain Time)
Number of Copies: One (1) electronic copy by email as specified.
Caution: Applicants are responsible to ensure timely receipt.

HEALTH DISPARITIES GRANT PROGRAM (HDGP)

Per the attached specifications, terms and conditions

*F.E.I.N.: _____
DUNS: _____

Authorized Signature: _____

Original signature (in ink) acknowledges acceptance of all terms and conditions of the solicitation.

Typed/Printed Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Contact for Clarifications: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

IMPORTANT: The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:

RFA 8473: September 20, 2017


Please be advised that telegraphic or electronic responses (Fax, Western Union, Telex, email, etc.) cannot be accepted as a sealed application. Applicants are urged to read the solicitation document thoroughly before submitting an application.

*Applicants are required to submit Federal Employer Identification Number (F.E.I.N.) via a W-9 form prior to contracting with the State of Colorado. F.E.I.N. referenced above must match BIDS registration to be eligible to submit a response and must match the required W-9 for contracting and payment.

THIS PAGE MUST BE COMPLETED, SIGNED (in ink) AND RETURNED WITH RESPONSE



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A blurred background image showing a person's hands typing on a laptop keyboard. In the foreground, a white cup of coffee sits on a saucer. The text 'Attachment B: Applicant Information Form' is overlaid in a large, white, outlined font.

Attachment B: Applicant Information Form



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Attachment B

HEALTH DISPARITIES GRANT PROGRAM
FY19-21 Request for Applications (RFA #8473)
APPLICATION INFORMATION FORM
(Please complete one per application.)

A. Applicant Information (Lead Agency)

Agency Legal Name: [Click here to enter text.](#)
Agency Contact: [Click here to enter text.](#)
Principal Investigator: [Click here to enter text.](#)
Agency Address: [Click here to enter text.](#)
City, State, Zip: [Click here to enter text.](#)
Contact Phone: [Click here to enter text.](#)
Contact Email: [Click here to enter text.](#)

B. Partner Agency Information

Partner Agency 1: [Click here to enter text.](#)
Partner Agency 1 Sector: [Click here to enter text.](#)
Partner Agency 2 (if applicable): [Click here to enter text.](#)
Partner Agency 2 Sector (if applicable): [Click here to enter text.](#)
Partner Agency 3 (if applicable): [Click here to enter text.](#)
Partner Agency 3 Sector (if applicable): [Click here to enter text.](#)
Partner Agency 4 (if applicable): [Click here to enter text.](#)
Partner Agency 4 Sector (if applicable): [Click here to enter text.](#)
Partner Agency 5 (if applicable): [Click here to enter text.](#)
Partner Agency 5 Sector (if applicable): [Click here to enter text.](#)

C. Funding Request

Please enter the dollar amount requested for FY19 (*July 1, 2018 through June 30, 2019*)
\$[Click here to enter amount.](#)
Please enter the dollar amount requested for FY20 (*July 1, 2019 through June 30, 2020*)
\$[Click here to enter amount.](#)
Please enter the dollar amount requested for FY21 (*July 1, 2020 through June 30, 2021*)
\$[Click here to enter amount.](#)

D. Project Title: [Click here to enter text.](#)

E. Project:

Social Determinant(s) of Health (no more than 2)

1: [Click here to enter text.](#)
2 (if applicable): [Click here to enter text.](#)

System or Policy Change(s)

1: [Click here to enter text.](#)
2 (if applicable): [Click here to enter text.](#)

Affected Population: [Click here to enter text.](#)

Geographic Area: [Click here to enter text.](#)

Is this an urban or rural/frontier area?

☐ Urban

☐ Rural or Frontier

F. Project Summary that will be shared with the Colorado Board of Health, if funded (no more than 50 words): [Click here to enter text.](#)



Attachment C: Application Checklist



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Attachment C

HEALTH DISPARITIES GRANT PROGRAM
FY19-21 Request for Applications (RFA #8473)
APPLICATION CHECKLIST
(Please complete one per application.)

1. ☐ RFA Cover Sheet and Signature Page (Attachment A).
2. ☐ Applicant Information Form (Attachment B).
3. ☐ Application Checklist (Attachment C).
4. ☐ Application Executive Summary.
5. ☐ Statement of Need section which includes:
 - Issue.
 - Affected population.
 - Geographic area.
6. ☐ Project Design/Approach section which includes:
 - System or policy change(s).
 - Theory of change (what is the outcome you expect and what are the conditions that must be in place to achieve that outcome?).
 - Upstream determinant(s) of health.
 - Authentic community engagement.
 - Project evaluation.
 - Outline of activities for Years 1-3.
7. ☐ Infrastructure and Summary of Experience/Qualifications section which includes:
 - Lead agency.
 - Multisectoral Partnership.
 - Infrastructure.
8. ☐ Letters of Collaboration.
9. ☐ Project Work Implementation Plan (only for Year 1) (Attachment D).
10. ☐ Project Budget (Attachment E).
11. ☐ Pre-award Financial Risk Assessment Questionnaire (if applicable) (Attachment F).



A woman with curly hair, wearing a light blue top, stands at a wooden podium, smiling and gesturing with her hands. She is addressing an audience whose backs are to the camera. The background is a light-colored, textured wall. The text 'Application Executive Summary' is overlaid in large white letters with a black outline.

Application Executive Summary



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Executive Summary



- Describe the intent of the proposed project/application, indicating how the project meets the goals and objectives of the grant program.
- Indicate the specific issues to be addressed, including the policy or system change(s) and the upstream determinant(s) of health.
- State the purpose, affected population, key objectives and expected outcomes.
- State how the proposed project will contribute to reducing health inequities in the geographic area.



Statement of Need Section



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Statement of Need Section



- Issue.
- Affected Population.
- Geographic Area.





Project Design/Approach Section




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Project Design/Approach Section



- System or Policy Change(s).
- Theory of Change.
- Upstream Determinant(s) of Health.
- Authentic Community Engagement.
- Project Evaluation.
- Outline of Activities for years 1-3.



A man in a dark suit and glasses is holding a large, light-colored folder or binder. He is looking down at the folder. The background is a blurred city skyline with tall buildings and a bright sky. The text is overlaid on the image.

Infrastructure and Summary of Experience/Qualifications Section



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Infrastructure and Summary of Experience/Qualifications Section

- Lead Agency.
- Multisectoral Partnership.
- Infrastructure.
- Letters of Collaboration.





Attachment D: Project Work Implementation Plan



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Project Work Implementation Plan

Health Disparities Grant Program Work Implementation Plan Template

Use this template to submit a one-year project work plan for FY19 (July 1, 2018 - June 30, 2019) that describes how the work will be carried out during the first year of the grant project. Please identify who will complete each activity, the estimated timeframe and the deliverables associated with each activity. If acronyms, technical terms or program specific terms/phrases are used in the document, add a definition under "Acronyms and Definitions." Additional rows may be added to the template as needed. For more information on how to complete this template, please see VI.A.9 ("Project Work Implementation Plan") in RFA #8473.

Lead Agency: [Click here to enter text.](#)

Project Title: [Click here to enter text.](#)

Fiscal Year: FY19 (July 1, 2018 - June 30, 2019)

Acronyms and Definitions:

1. HDGP: Health Disparities Grant Program
2. Quarters:
 - Quarter 1 (Q1) - July 1 - September 30
 - Quarter 2 (Q2) - October 1 - December 31
 - Quarter 3 (Q3) - January 1 - March 31
 - Quarter 4 (Q4) - April 1 - June 30

Goal of the Project: [Click here to enter text.](#)

Objective #1: Click here to enter text.					
Activities			Responsible Partner (Lead agency, partner agency, and/or subcontractor; do not list any names of people)	Estimated Timeframe (Q1, Q2, Q3, Q4)	Corresponding Deliverables (N/A or Deliverable Description)
Primary	#1				
Sub- activities	1.1				
	1.2				
	1.3				
	1.4				



A photograph of a person in a white shirt and red apron, likely a cashier, handing a card to a customer. The customer is wearing a white sweater. The scene is set at a cash register. The background is blurred, showing a store interior.


Attachment E: Project Budget



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Project Budget

		COLORADO Department of Public Health & Environment							
PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM									
Contract Routing #									
Contractor Name				Program Contact Name, Title, Phone and Email					
Budget Period				Fiscal Contact Name, Title, Phone and Email					
Project Name									
Expenditure Categories									
Personal Services									
Salaried Employees									
Position Title/Employee Name	Description of Work	Corresponding Activity in Project Work/ Implementation Plan	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE			
						\$0			
						\$0			
						\$0			
						\$0			
						\$0			
						\$0			
						\$0			
						\$0			
						\$0			
Personal Services									

Page 1





Attachment F: Pre-award Financial Risk Assessment Questionnaire



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Pre-award Financial Risk Assessment Questionnaire



APPLICATION
PRE-AWARD RISK ASSESSMENT QUESTIONS
(For use with subrecipient/recipients only)

Local Public Health Departments do not need to complete this form since their risk is determined by the Financial Risk Management System (FRMS).

This form should be completed by the person with the most knowledge of the accounting system.

Any questions that remain unanswered including explanations, or the answer does not address the question asked will be assessed the highest risk rating for that question.

Name of organization:

Name and title of person completing this form:

Amount of funding requested on this application:

****If you have completed this form in the past twelve months, please submit your completed form with any updated information****

- 1) Please provide the total annual operating budget for your entity.
- 2) Please provide the total number of grants you receive in your current fiscal year? (State, Federal, Private)

Programmatic Performance

- 3) Total dollar amount of CDPHE only grants that you receive in the current fiscal year?
- 4) Has your organization administered programs similar to your current grant proposal? If so, please list and explain.
- 5) How many years has your organization been in existence?
- 6) How many total FTE are there in your organization?
- 7) Have you previously met all deliverables of your grants on time and as described in your statement of work? If not, please explain why you would be unable to meet the deliverables.
- 8) Are you serving as a fiscal agent for another agency that will complete the actual work on the grant? ☐ Yes ☐ No
- 9) Are you sub-awarding any portion of this contract to complete your deliverables? ☐ Yes ☐ No
- 10) Has your organization had any significant changes in key personnel or accounting systems in the last year? (e.g. Controller, Executive Director, Accounting Manager, Program Manager, etc.)



Pre-award Financial Risk Assessment Questionnaire



- The OMB circular requires CDPHE to evaluate each grantee's risk of noncompliance with Federal statutes, regulations and terms and conditions of the award for the purposes of determining the appropriate monitoring.
- The purpose is to help CDPHE determine the appropriate level of monitoring and technical assistance an organization may need.
- Applicants complete the questionnaire **prior** to the award of funding.
- The answers from the questionnaire will be used to calculate a risk rating, using the calculation tool, for each entity.



Pre-award Financial Risk Assessment Questionnaire



Who completes this form?

- Local public health departments are not required to complete the questionnaire because they already have a risk rating with CDPHE. The questionnaire must be completed and submitted by all other applicants.
- The questionnaire should be completed by the person with the most knowledge of the entity's accounting system.
- If the organization has multiple layers (i.e., local, regional, national), the questionnaire should be completed by the level of the organization CDPHE is contracting with on the project.



Pre-award Financial Risk Assessment Questionnaire



Frequently Asked Questions:

- What is a fiscal agent?
- What is material misstatement?
- What is a subaward?
- What is a single audit?
- What is source documentation?
- What is a cost reimbursement contract?
- Does your entity have a time and effort reporting system?
- Does your organization have employee fidelity bond/insurance coverage?
- What is an oversight committee/board and do they review financial reports?





How to Apply



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How to Apply

All applications must include the following in this order:

1. CDPHE RFA Cover Sheet and Signature Page (must be signed with a wet ink signature). (See **Attachment A.**)
2. Applicant Information Form. (See **Attachment B.**)
3. Application Checklist. (See **Attachment C.**)
4. Application Executive Summary.
5. Statement of Need section.
6. Project Design/Approach section.
7. Infrastructure and Summary of Experience/Qualifications section.
8. Letters of Collaboration.
9. Project Work Implementation Plan only for Year 1 (FY19: July 1, 2018 – June 30, 2019). (See **Attachment D.**)
10. Project Budget. (See **Attachment E.**)
11. Pre-award Financial Risk Assessment Questionnaire (if applicable). (See **Attachment F.**)



Submission Instructions



All applications must be received electronically, in a single email, by 5 p.m. M.S.T. on November 29, 2017 at:

cdphe_healthequity@state.co.us

The subject line of the email should state:

HDGP FY19-21 Application RFA #8473_(INSERT AGENCY NAME)

The body of the email should include:

- Lead Agency Name.
- Partnering Agency Names.
- Project Title.

Submit all documents as Microsoft Word or Excel files (depending on the template provided). Other attachments may be submitted as PDF documents, if necessary.

Applications received by email will receive an email confirming the delivery. If an applicant does not receive a confirmation email, the applicant should send a follow-up email to the same email address and/or call OHE staff at 303-692-2087.



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Planning Tools



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Appendix B: Baseline Self-assessment for Readiness to Apply



HDGP RFA COMPONENT	STRENGTHS	GAPS	Not Started ✓	Early/ In Progress ✓	Mostly in Place ✓	High Readiness ✓
LEAD AGENCY: The lead agency is able to assume responsibility for overall program implementation, fiscal oversight and reporting. This agency has the ability to manage programs and finances in accordance with generally accepted procedures. In addition, this agency is able to serve as the convener; ensure collaborative leadership so all voices have equal power; will facilitate conflict resolution and problem solving; maintain a culture of collaboration; and ensure transparency of goals, activities and outcomes.	•	•				
MULTI-SECTORAL PARTNERSHIPS: This project involves an already established community partnership comprised of agencies from at least two different sectors (education, employment, social support, community safety, housing, transportation, environmental conditions, etc.) who will commit to helping advance the goals of the proposed initiative. This partnership has implemented successful projects together in the past. One of the partnering agencies must be an organization that is located in the identified geographic area and provides a majority of its services to the identified affected population.	•	•				
SHARED VISION AND GOAL: The affected community was involved in defining the issue, the goal for the project and what success looks like/accountability. The community was also involved in identifying that change is possible and has resources and readiness to affect that change.	•	•				
SYSTEM OR POLICY AND THEORY OF CHANGE (i.e. What is the outcome that you expect and what are the conditions that must be in place in order to achieve that outcome?): There is a clear goal for the system or policy change to be addressed. These include public and private practices, laws, rules and regulatory changes that affect how systems operate and influence people's health. As well, there is clear understanding of the approach and project design among the partners that will result in the system or policy change.	•	•				
AUTHENTIC COMMUNITY ENGAGEMENT The project incorporates the intentional process of co-creating solutions in partnership with community and offers opportunities for communities to exercise power in decision-making and consider the diversity in seeking to create an inclusive and accessible process.	•	•				

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Appendix C: Project Design Tool



ISSUE	SOCIAL DETERMINANTS OF HEALTH (no more than two)	MULTI-SECTORAL PARTNERSHIPS	SYSTEM OR POLICY CHANGE(S)	PROJECT
<p>EXAMPLE*: The partnership between public health, a health system and a community organization looked at poor health outcomes for their community. Using a community health needs assessment and focus groups, they determined that the root causes of these poor health outcomes were food insecurity and unsafe housing.</p> <p>*For more examples, please follow this link: http://healthequityguide.org/case-studies/?filter=sp1-foster (click on the "read more" links for more project details).</p>	<p>EXAMPLE:</p> <ul style="list-style-type: none"> • Housing • Food insecurity 	<p>EXAMPLE:</p> <ul style="list-style-type: none"> • Public Health • Health System • Community organization • City Planning Commission 	<p>EXAMPLE:</p> <ul style="list-style-type: none"> • Providers to write "food prescriptions" for families or individuals facing food insecurity • Health system to add questions about food insecurity into their Electronic Health Record • Propose a city statute on regulating and monitoring buildings to include monitoring violations, penalties for non-compliant landlords and a grant program to remove lead or asthma triggers • Create an online system for the community to track violations on rental units 	<p>EXAMPLE:</p> <ul style="list-style-type: none"> • The partnership will work with an existing initiative focused on food insecurity to review their map of food deserts by zip code. They will add unsafe housing indicators to the existing map and will engage city partners to acquire data on building and housing violations. They will pair this data with the public health's data of lead blood tests and will use these two data points to find priority areas. • The partnership will also work with a food pantry coalition to determine how to increase community access to fresh foods. The health system partner agreed to encourage primary care physicians in its clinics to write "food prescriptions" for families or individuals facing food insecurity, indicated by the patient's zip code and answers to a food insecurity screening. The food pantry will work with these patients to fill the prescriptions. • The partnership will work with a local attorney to propose a statute on regulating and monitoring buildings. The proposed statute will include monitoring violations by landlords, comparing violations to data on health outcomes, penalties for non-compliant landlords, and a city grant program for landlords to proactively retrofit their buildings to remove lead or asthma triggers. They will also create an online system so the community can track a landlord's violation status when looking for rental units.
ENTER YOUR PROJECT DESIGN BELOW				
ISSUE	SOCIAL DETERMINANTS OF HEALTH (no more than two)	MULTI-SECTORAL PARTNERSHIPS	SYSTEM OR POLICY CHANGE(S)	PROJECT
	•	•	•	

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Examples of Upstream Determinant(s) of Health	Examples of Multi-sectoral Partners	Policy Changes that Address:	Systems Changes to Ensure Communities:
<ul style="list-style-type: none"> • <i>Education</i> • <i>Employment</i> • <i>Economic Opportunity</i> • <i>Social Support</i> • <i>Racism and other forms of discrimination</i> • <i>Community Safety</i> • <i>Affordable Housing</i> • <i>Transportation</i> • <i>Environmental Conditions</i> • <i>Access to Healthy Food</i> • <i>Criminal Justice</i> 	<ul style="list-style-type: none"> • <i>City/county government</i> • <i>Law enforcement</i> • <i>Behavioral health</i> • <i>Housing agencies</i> • <i>Food systems</i> • <i>Employers/businesses</i> • <i>Labor organizations</i> • <i>Faith-based organizations</i> • <i>Schools/educational institutions</i> • <i>Parks and recreation</i> • <i>Transportation</i> • <i>Land use planning</i> • <i>Local advocacy/grassroots/policy organizations</i> 	<ul style="list-style-type: none"> • <i>Safe neighborhoods</i> • <i>Livable wages</i> • <i>Fair housing</i> • <i>Anti-discrimination</i> • <i>Affordable, quality child care and education</i> • <i>Access to convenient, affordable transportation</i> • <i>High quality early childhood, K-12 and higher education</i> • <i>Affordable, quality healthcare and education</i> • <i>Community connectedness and resilience</i> • <i>Integration without gentrification</i> 	<ul style="list-style-type: none"> • <i>Are safe and promote a sense of belonging</i> • <i>Offer living wage employment opportunities</i> • <i>Offer affordable housing</i> • <i>Promote and implement antidiscrimination policies</i> • <i>Promote and support community connectedness</i> • <i>Have affordable, convenient transportation</i> • <i>Have high-quality schools</i> • <i>Have affordable, quality healthcare and education</i>

Questions and Inquiries



Send all questions and inquiries regarding clarification of the requirements of this RFA to:

cdphe_healthequity@state.co.us

Clearly identify your inquiries with:

1. RFA Number.
2. RFA Title.
3. The section, page number, and paragraph number the inquiry applies to.

Responses to inquiries will be published as a modification on the HDGP Funding Opportunities website:

<https://www.colorado.gov/pacific/cdphe/hdgp-funding-opportunities>.

The deadline to submit questions is by 5 p.m. on November 8, 2017.





Schedule of Activities



COLORADO
Department of Public
Health & Environment

Schedule of Activities



Schedule of Activities Timeline		Time	Date
1.	RFA published on https://www.colorado.gov/pacific/cdphe/hdgp-funding-opportunities .	N/A	9/20/2017
2.	Funding Opportunity Informational Webinar. Please use this link to attend: https://cdphe.adobeconnect.com/hdgpfy19-21rfa8473/ and call: 1-877-820-7831, participant #178610.	12:00 p.m.	9/27/2017
3.	Deadline for applicants to submit written inquiries. Submit all inquiries by email to cdphe_healthequity@state.co.us by 5 p.m. (MST) 11/8/2017. (No questions will be accepted after this date/time.)	5:00 p.m.	11/8/2017
4.	Answers to written inquiries published on: https://www.colorado.gov/pacific/cdphe/hdgp-funding-opportunities .	5:00 p.m.	10/4/2017 10/11/2017 10/18/2017 10/25/2017 11/1/2017 11/8/2017 11/15/2017
5.	Application submission deadline. Submit applications to: cdphe_healthequity@state.co.us .	5:00 p.m.	11/29/2017
6.	Application confirmation receipt sent to applicants.	5:00 p.m.	12/4/2017
7.	Evaluation period: 12/11/2017 - 1/26/2018.	N/A	12/11/2017 - 1/26/2018
8.	HDGP Funding Conference and Review Committee Meeting.	N/A	2/7/2018 - 2/8/2018
8.	Estimated Notification of Award.	N/A	4/25/2018
9.	Estimated Contract Effective Date The resulting contract may be renewed for a maximum of up to two (2) additional years, at the sole discretion of CDPHE.	N/A	7/1/2018



Additional Resources



HDGP Grants Program Funding web page:

<http://www.colorado.gov/pacific/cdphe/hdgp-funding-opportunities>

Submit questions to the following email address:

cdphe_healthequity@state.co.us

Recording of Applicant's Webinar will be posted on:

<https://www.colorado.gov/pacific/cdphe/hdgp-funding-opportunities>

Colorado State Board of Health Webpage:

<https://www.colorado.gov/cdphe/boh>



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QUESTIONS?



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THANK YOU!



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